TB Detention Guidelines

Background and Purpose

WAC 246-170 promulgates rules for carrying out the detention of non-adherent tuberculosis patients. The due process measures afforded in these regulations are intended to protect subjects of concern from arbitrary or capricious orders for detention. Furthermore, detention is the most resource intensive approach to assuring completion of TB therapy and should be pursued only when reasonable attempts to use less restrictive measures have failed.

These guidelines were developed by the Washington State Department of Health's Task Force on Tuberculosis Detention, which included representation from local health departments, WSALPHO, the Department of Social and Health Services, and the Department of Health. The intent of these guidelines is to communicate a standard of practice for the public health community in appropriate utilization of detention procedures and resources.

Plan for Housing Homeless Patients

LHJs should develop plans for providing housing to homeless TB patients.

Patients with infectious TB (as determined by the local TB control officer) must be singly housed in self-contained housing units that do not share air with other units. Such patients should be on DOT.

Incentives should be provided to help the patient remain in the unit (e.g., television, radio, telephone for local calls).

The LHJ should assure the integrity of the isolation by assuring those conditions which will prevent unnecessary entry of staff and the public while preventing egress by the subject of isolation (e.g., food, laundry, quarantine signs, training of facility staff).

Non-infectious TB patients (as determined by the local TB control officer) can be offered housing in congregate settings. Whenever possible, efforts should be taken by case managers to establish stable housing for such patients.

Criteria for Civil Detention (any of these qualify) Refusing isolation Breaking isolation Failure to cooperate with diagnostic efforts Failure to ingest antituberculous therapy Failure to submit to clinical, radiographic, or laboratory monitoring for response to therapy and adverse effects Other (describe: Elaborate as appropriate on all items checked. Less Restrictive Alternatives Applied Education and counseling Ensuring patient cost is not a barrier Isolation agreement, letter, or order (attach) DOT agreement of order Enablers (describe) Incentives (describe) Language interpreter and/or translation services Housing (describe) Social Services (describe) Chemical dependency treatment (describe) Mental health services (describe) Health Officer's Order outlining past failures, establishing treatment plan, and indicating that detention is the next step (attach) Other (describe: If one or more of these has not been applied, strong consideration should be given to whether providing them would be reasonably anticipated to prevent the need for detention. If such measures have not been applied, attach brief explanation of why they were not deemed reasonably likely to be effective. Other Documentation Dates of directly observed therapy Number of missed doses Insurance coverage **Detention Procedure** Refer to WAC 246-170 for outlining of procedures for involuntary testing, treatment, and

detention and due process proceedings.

Suggestions:

- 1. Provide documentation establishing that the patient is a confirmed or suspected case of TB
- 2. Document failures of patient to respond to less restrictive measures.
- 3. Document service of previous letters, agreements, orders, etc.
- 4. Order emergency detention (optional) and petition superior court for an order to detain for 45 days.
- 5. Detain and transport with County Sheriff, either upon service of emergency detention order or after superior court hearing resulting in an order for detention.
- 6. Motion for file to be sealed to protect patient confidentiality.
- 7. Hearing within 72 hours (if superior court has not already granted order to detain).
- 8. Re-evaluate at 30 day timepoint to determine if petition for further detention (e.g., \leq 180 days) is warranted.
- 9. Conduct additional hearing(s), if appropriate.

Final Disposition	Final	Disp	osition
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If granted:

Detention order granted/denied (circle one).

Dates of detention:
Sites of detention:
Reason patient released from detention Treatment completed Patient demonstrated ability and willingness to complete treatment on his/her own Patient escaped/AWOL Other (describe):
Treatment status at end of detention Patient continuing therapy Treatment completed
Final Treatment Disposition
Completed therapy (months)
TB therapy discontinued by physician due to adverse reaction
Lost to follow-up
Moved out of jurisdiction
Died
Other (describe):

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